

TCAP ACHIEVEMENT – ACCOMMODATIONS¹

(Addendum to the IEP or 504 Service Plan)

Student's Name _____

(Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

Modified Format Tests			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Braille (with or without audio)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Large Print
Oral Instructions Delivery			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim (as needed)
Calculator Use			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allowable on specified subsections only. See <i>Test Administration Manual</i> .		
Flexible Setting			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual (student may read silently or aloud)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Class
<input type="checkbox"/> Yes <input type="checkbox"/> No	Small Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home/Out of School (homebound students only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Carrel		
Visual/Tactile Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnification Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Templates, Masks, Pointers, Abacus
Auditory Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amplification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Noise Buffer
Flexible Scheduling			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day
Recording Answers			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Marks in Test Booklet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded by Scribe

Special Accommodations

Accommodations	Documentation Verification ²		Required Conditions for Accommodations	Notations
	IEP	504		
B. Extended Time – Visual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ As indicated on IEP with verified Visual Impairment	♦ Extended time limits determined by IEP Team. See <i>Teacher's Notes to Braille Edition</i> for guidelines.
C. Read Aloud/Sign – Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized reading test (basic reading skills OR reading comprehension – within 2 years of TCAP)	♦ Flexible Setting (individual or small group) required
D. Read Aloud/Sign – Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test _____ Date _____ Percentile _____ and/or ♦ Visual and/or Hearing Impairment	♦ Not allowed for Reading/Language Arts, Language Mechanics, Spelling, Vocabulary or Word Analysis ♦ Flexible Setting (individual or small group) required
E. Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized computation test (within 2 years of TCAP) Test _____ Date: _____ Percentile _____	♦ Allowable Accommodation for all students – specified subsections ♦ Record IEP documentation if LEA does not allow calculators as an Allowable Accommodation
F. Talking OR Electronic Device with Braille Display	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ As indicated on IEP – Visual Impairment – calculator must be utilized 100% of the time in ALL mathematics and ♦ Will be necessary for post-school success	♦ Flexible Setting (individual or small group) required ♦ May be used on ALL math tests
I. Student Reads Items into Auditory Recorder and Plays Back Immediately for Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan where accommodation is used consistently throughout student's educational program	♦ See <i>Test Administration Manual</i> for directions and special handling instructions. ♦ Extended time limits determined by IEP Team or 504 Review Committee ♦ Flexible Setting (individual) required

Accommodations Addendum - Achievement

¹ Accommodations used must be marked on the answer document.

² All Special Accommodations must be documented on the IEP or the 504 Plan and used consistently in the classroom. Attach the Addendum to the IEP or 504 Plan, as appropriate.

TCAP WRITING – ACCOMMODATIONS¹

(Addendum to the IEP or 504 Service Plan)

Student's Name _____

(Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

Modified Test Format			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Braille	<input type="checkbox"/> Yes <input type="checkbox"/> No	Large Print
Oral Instructions Delivery			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions and Prompt Verbatim (as needed)
Flexible Setting			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual (student may read silently or aloud)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Class
<input type="checkbox"/> Yes <input type="checkbox"/> No	Small Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home/Out of School (homebound students only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Carrel		
Visual/Tactile Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnification Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Templates, Masks, Pointers, Abacus
Auditory Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amplification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Noise Buffer
Flexible Scheduling			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day		

Special Accommodations

Accommodations	Documentation Verification ²		Required Conditions for Accommodations	Notations
	IEP	504		
A. Extended Time – Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan Fine-Motor Goal verified	♦ Extended time limits determined by IEP Team or 504 Review Committee
B. Extended Time – Visual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ As indicated on IEP with verified Visual Impairment	♦ See <i>Test Administration Manual</i> for extended time limits
G. Word Processor with or without Talk-Text Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP goal in writing where technology is used consistently throughout general education curriculum (grammar, spell-check, and thesaurus not allowed) ♦ Technology used as accommodation is necessary for post-school success	♦ Flexible Scheduling required ♦ Flexible Setting required
H. Scribe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ As indicated on IEP or 504 Plan where used consistently in educational program or ♦ Due to short-term physical inability to write	♦ See <i>Test Administration Manual</i> for directions and extended time limits ♦ Flexible Setting (individual) required
I. Student Reads Items into Auditory Recorder and Plays Back Immediately for Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan where accommodation is used consistently throughout student's educational program	♦ No extended time ♦ See <i>Test Administration Manual</i> for directions and special handling instructions ♦ Flexible Setting (individual) required

Accommodations Addendum - Writing

¹ Accommodations used must be marked on the answer document.

² All Special Accommodations must be documented on the IEP or the 504 Plan and used consistently in the classroom. Attach the Addendum to the IEP or 504 Plan, as appropriate.

TCAP COMPETENCY – ACCOMMODATIONS¹

(Addendum to the IEP or 504 Service Plan)

Student's Name _____

(Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

Modified Format Tests			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Braille (with or without audio)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Large Print
Oral Instructions Delivery			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim (as needed)
Flexible Setting			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual (student may read silently or aloud)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Class
<input type="checkbox"/> Yes <input type="checkbox"/> No	Small Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home/Out of School (homebound students only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Carrel		
Visual/Tactile Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnification Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Templates, Masks, Pointers, Abacus
Auditory Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amplification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Noise Buffer
Flexible Scheduling			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Scheduling of Tests (within allotted time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day
Recording Answers			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Marks in Test Booklet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded by Scribe

Special Accommodations

Accommodations	Documentation Verification ²		Required Conditions for Accommodations	Notations
	IEP	504		
C. Read Aloud/Sign – Internal Test Instructions (Includes Audio for Competency Tests)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized reading test (basic reading skills OR reading comprehension – within 2 years of TCAP) Test _____ Date _____ Percentile _____ and/or ♦ Visual and/or Hearing Impairment	♦ Flexible Setting (individual or small group) required
D. Read Aloud/Sign – Internal Test Items (Includes Audio for Competency Tests)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized calculations test (within 2 years of TCAP) Test _____ Date: _____ Percentile _____	♦ Flexible Setting (individual or small group) required
E. Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ As indicated on IEP – Visual Impairment – calculator must be utilized 100% of the time in ALL mathematics and ♦ Will be necessary for post-school success	♦ See <i>Test Administration Manual</i> for selected items
F. Talking OR Electronic Device with Braille Display	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP or 504 Plan where accommodation is used consistently throughout student's educational program	♦ ALL math items
I. Student Reads Items into Auditory Recorder and Plays Back Immediately for Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ See <i>Test Administration Manual</i> for directions and special handling instructions ♦ Flexible Setting (individual) required

Accommodations Addendum - Competency

¹ Accommodations used must be marked on the answer document.

² All Special Accommodations must be documented on the IEP or the 504 Plan and used consistently in the classroom. Attach the Addendum to the IEP or 504 Plan, as appropriate.

TCAP END-OF-COURSE (EOC) AND GATEWAY – ACCOMMODATIONS¹

(Addendum to the IEP or 504 Service Plan)

Student's Name _____

(Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

Modified Format Tests			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Braille (with or without audio)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Large Print
Oral Instructions Delivery			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim (as needed)
Calculator Use			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gateway and EOC Math Tests – See <i>Test Administration Manual</i> for calculator restrictions		
Flexible Setting			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual (student may read silently or aloud)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Class
<input type="checkbox"/> Yes <input type="checkbox"/> No	Small Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home/Out of School (homebound students only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Carrel		
Visual/Tactile Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnification Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Templates, Masks, Pointers. Abacus
Auditory Aids			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amplification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Noise Buffer
Flexible Scheduling			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Scheduling of Tests (within allotted time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day
Recording Answers			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Marks in Test Booklet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded by Scribe

Special Accommodations

Accommodations	Documentation Verification ²		Required Conditions for Accommodations	Notations
	IEP	504		
B. Extended Time – Visual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ As indicated on IEP with verified Visual Impairment	♦ EOC – Extended time limits determined by IEP Team ♦ Gateway – Not applicable
C. Read Aloud/Sign – Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized reading test (basic reading skills OR reading comprehension – within 2 years of TCAP)	♦ Flexible setting (individual or small group) required
D. Read Aloud/Sign – Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test _____ Date _____ Percentile _____ and/or ♦ Visual and/or Hearing Impairment	♦ Not allowed for EOC English I or Gateway Language Arts ♦ Flexible setting (individual or small group)
E. Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ ≤16 th percentile (84 standard score) on individual standardized calculations Test (within 2 years of TCAP) Test _____ Date _____ Percentile _____	♦ See <i>Test Administration Manual</i> for calculator restrictions ♦ Record IEP documentation if LEA does not allow calculators as an Allowable Accommodation
F. Talking OR Electronic Device with Braille Display	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ As indicated on IEP – Visual Impairment – calculator must be utilized 100% of the time in ALL mathematics and ♦ Will be necessary for post-school success	♦ Flexible Setting ♦ See <i>Test Administration Manual</i> for calculator restrictions
I. Student Reads Items into Auditory Recorder and Plays Back Immediately for Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan where accommodation is used consistently throughout student's educational program	♦ EOC – See <i>Test Administration Manual</i> directions and special handling instructions. Extended time limits determined by IEP Team or 504 Review Committee ♦ Gateway – See <i>Test Administration Manual</i> for directions and special handling instructions ♦ Flexible Setting (individual) required

Accommodations Addendum – EOC and Gateway

¹ Accommodations used must be marked on the answer document.

² All Special Accommodations must be documented on the IEP or the 504 Plan and used consistently in the classroom. Attach the Addendum to the IEP or 504 Plan, as appropriate.